



SHORT-TERM RENTAL UNIT AGENT AUTHORIZATION FORM

PROPERTY ADDRESS: _____

I, _____, hereby designate _____
Name of Short-term Rental Unit Owner Name of Short-term Rental Unit Agent

to serve as the Responsible Party with regards to the following duties and responsibilities relating to the management of my Short-term Rental Unit located at the property address listed above. The Short-term Rental Unit Agent is charged with maintaining good relations between transient guests, neighbors, and the Town of Bluffton.

As the Short-term Rental Unit Agent, I, certify and acknowledge by my initials and signature below, that:

- _____ I am at least 18 years of age.
- _____ I will be able to arrive on the premises within one (1) hour of notification by the Town of Bluffton or any emergency agency.
- _____ If I am temporarily unavailable to travel to the Short-term Rental Unit property within an hour, I will notify the Town of an alternate contact who can be at the property within an hour of notification by the Town of Bluffton or any emergency agency.

X _____
Signature of Short-term Rental Unit Owner

X _____
Signature of Short-term Rental Unit Agent